

**BRIGANTINE ANIMAL HOSPITAL
EDWARD SUKONIK, D.V.M.
3105 WEST BRIGANTINE AVENUE
BRIGANTINE, NJ 08203**

January 11, 1996

**Joseph Cosentino, OSC
Removal Action Branch
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
2890 Woodbridge Avenue
Edison, New Jersey 08837**

**Re: Bayonne Barrel & Drum, Superfund Site, 150-154 Raymond Blvd., Newark, Essex
County, New Jersey**

Dear Mr. Cosentino:

**Reference is made to your correspondence dated December 22, 1995 wherein you made
reference to an earlier piece of correspondence dated September 28, 1995 concerning the
above captioned matter.**

**Pursuant to your series of requests, I will respond to your questions as set forth in the
earlier letter. At the outset, however, I must advise you of my confusion and surprise about
this matter. I am at a loss to understand why this inquiry has been forwarded to my
attention. Nonetheless, I will respond as best I can.**

1. General Information About the Company

a. Brigantine Animal Hospital

b. Sole Proprietorship

c. Not applicable

d. Not applicable

e. Not applicable

f. Not applicable

2. Company's Relationship to Bayonne Barrel & Drum

466666



a. The Company in question never transacted any business with Bayonne Barrel & Drum for the disposal, treatment, or storage of any barrels, drums, or other containers.

b. Not applicable

3. None to the best of my knowledge, information and belief.

4. None

5. Not applicable

6. No such agreement exists.

7. Not applicable.

The Certification, duly executed, is attached.

Very truly yours,

BRIGANTINE ANIMAL HOSPITAL


BY: EDWARD SUKONIK, D.V.M

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

State of NJ

County of Atlantic

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA Request for Information) and all documents submitted herewith, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

EDWARD SUKONIK
NAME (print or type)

DVM
TITLE (print or type)

Edward Sukonik
SIGNATURE

Sworn to me before this

day of 1/14, 1998

A. Renee Johnson
Notary Public

A. RENEE JOHNSON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June 23, 1999